



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

March 20, 2012

Maryland Advisory Council Members: Mike Finkle, Livia Pazourek, Robert M. Pender, Vice-Chair; Charles Reifsnider, Anita Solomon

Maryland Advisory Council Members Absent: Richard Blair, Jaimi L. Brown, M. Sue Diehl, Chair; Michele Forzley, Joshana Goga, Edwin C. Oliver, John Scharf, Anthony Swetz, Jr., Robert Turner, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: T.E. Arthur, Gerald Beemer, Naomi Booker, Sarah Burns, Coordinator; Peter Cohen, Herb Cromwell, R. Terence Farrell, Duane Felix for William Manahan, Vira Froehlinger, Victor Henderson, Diane Herr, Michael Ito, George Lipman, Steven Kinney for Tracee Bryant, Dan Martin, Joanne Meekins, Cynthia Petion, Jacqueline Powell, Sarah Rhine, Kathleen Ward, Phoenix Woody

PL 102-321 Council Members Absent: Lynn Albizo, Carol Allenza, Chicquita Crawford, Catherine Drake, Kate Farinholt, A. Scott Gibson, Gerri Gray, Julie Jerscheid, Cindy Kauffman, Michael Lang, Sharon Lipford, Coordinator; Linda Raines, Sheryl Sparer, Jane Walker

MHA Staff Present: Brian Hepburn, Sharon Ohlhaver, Robin Poponne, Tom Merrick, Iris Reeves, Carole Frank

Guests and Others: Dennis McDowell; John Turner, Dorchester Hospital; Miriam Yarmolinsky; Tim Santoni, University of Maryland-Systems Evaluation Center; Diana Seybolt, University of Maryland-Systems Evaluation Center

c/o Mental Hygiene Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473
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Healthy People in Healthy Communities

INTRODUCTIONS/ADOPTION OF MINUTES:

The meeting was called to order by Council Vice Chair, Bob Pender. Attendees introduced themselves and the draft minutes of the February 21, 2012 meeting were approved with correction. The correct Web address for the Mental Health Association of Maryland (MHAMD) is www.MHAMD.org. (The .com address will open a music Web site instead.) Please note that the corrected minutes will be posted on the Mental Hygiene Administration's (MHA) Web site. www.dhmdh.maryland.gov/mha. The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

ANNOUNCEMENTS:

- Cynthia Petion announced the Maryland's Stakeholders' Meeting to develop the FY 2013 State Mental Health Plan will be April 27, 2012 from 9:30 to 2:30. It will be held at Temple Oheb Shalom in Baltimore City.
- Carole Frank announced three upcoming MHA conferences: the Child and Adolescent Conference will take place at Martin's West in Baltimore County on March 27; the Case Management Conference will be held on April 4 at Temple Oheb Shalom in Baltimore City; and MHA's Annual Conference will take place on May 2, also at Martin's West. For more information, please contact Carole Frank at frankc@dhmdh.state.md.us.

THE DIRECTOR'S REPORT:

MHA's Executive Director, Brian Hepburn, M.D., provided the following Director's Report:

- Dr. Hepburn commended the progress of the Outcomes Measurement System. Its additional data capacity is the result of much hard work by MHA, ValueOptions, and the University of Maryland's Systems Evaluation Center. It has become a model for other such concepts around the country.

Budget/Legislative Actions:

- A \$500,000 increase for the Community Forensic Aftercare Outreach Initiative was approved but using existing vacancies for some of the funding.
- Originally, \$1 million was included for a Developmental Disabilities Administration (DDA)/MHA housing initiative - \$500,000 for DDA and \$500,000 for MHA. However, legislative action has recommended that the full \$1,000,000 be added to MHA's budget.
- Budget language has restricted \$100,000 of general fund appropriations pending submission of the residential treatment center (RTC) report on care currently provided and unmet needs.
- Recent statistics show decreases in inpatient utilization (Medicaid and purchase of care (POC). MHA's budget for POC has been reduced by 2/3. One million dollars remains but may also be in jeopardy of being removed or reallocated.

- DHMH continues to move forward with privatizing assisted living unit beds (ALUs) at Spring Grove and Springfield Hospital Centers. The closing date for the ALUs continues to be September 2012.
- MHA has been asked to put into place cost containment measures up to \$30 million dollars.
- The end of March will mark the 2nd anniversary of the passage of the Affordable Care Act. Regardless of the results of the Supreme Court case against this legislation, Maryland hopes to move forward toward behavioral health integrated care. A Kick-off session was conducted on March 14, 2012 in Annapolis by Chuck Milligan, DHMH's Deputy Secretary, Health Care Financing. There are plans to form workgroups. These groups will give input toward the choosing of a behavioral integration model for the state. Currently there is not a pre-determined outcome in mind with respect to the model, financing, or approach to systems. The hope is to move forward with a shared goal of better integrating and aligning services across domains. Joint Council members are encouraged to give input, join the larger stakeholder meetings and/or join workgroups. All are invited to stay up-to-date regarding Maryland's behavioral health integration efforts at [www.http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx](http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx).
- Additionally, in October 2011, MHA (in conjunction with the State Medicaid Agency) submitted an application for the Medicaid Emergency Psychiatric Demonstration Project. The Demonstration is part of federal health reform (section 2707 of P.L. 111-14). As a result, Maryland is now one of 11 states to receive a federal match (FFP) for consumers between the ages of 22-64 receiving inpatient psychiatric care in private institutes of mental disease (IMDs) from FY 2012-2015. However, this does not enhance MHA's budget since the match to be received has already been calculated and included in the budget.

To enhance future Director Report highlights, Dr. Hepburn encourages members to submit questions on topics of interest to Cynthia Petion at cpetion@dhmh.state.md.us .

**THE 2012 LEGISLATIVE SESSION -
LEGISLATIVE REVIEW – Updates from Community Behavioral Health Association (CBH), Mental Health Association of Maryland (MHAMD), and National Alliance on Mental Illness (NAMI):**

CBH and MHAMD provided lists of action on proposed legislation related to mental health. Some discussion focused on bills to promote:

- Procedures for discharge from commitment of persons found Not Criminally Responsible
- Prevention of housing discrimination based on source of income
- Managed care organizations' report of medical loss ratio information
- Task force to study access of individuals with mental illness to regulated firearms
- Maryland Health Improvement and Disparities Reduction Act implementing the Governor's Health Enterprise Zone
- Maryland Health Benefit Exchange Act
- Mental health support services for state personnel exposed to traumatic events
- Group homes dispersion
- Tuition waiver for individuals with disabilities for continuing education
- Arrearages to child support not to accrue while obligor is incarcerated
- Multicultural Health Care Equity Certification and Accreditation – Work Group
- Medical and Dental Treatment – Consent by Minors
- Tax credits for employers who hire people with disabilities
- Criminal record shielding of non-violent crimes

For further details, please visit CBH's Web site, www.mdcbh.org . Additional listings and information are available through NAMI's Web site, www.NAMI.org (click on advocacy and bills), and also through the Mental Health Association of Maryland's Web site, <http://www.mhamd.org> .

COUNCIL BUSINESS:

The Vice Chair thanked members who gave input into the letter to the Governor requesting “no budget reductions” for the Mental Hygiene Administration. Individual members and other organizations are encouraged to write letters as well.

Anita Solomon and Terry Farrell volunteered to serve on the Nominating Committee of the Council, which will choose the slate of officers for FY 2013-14. Additional members will be recruited in the next few weeks to complete the committee of five.

The following changes, additions, and amendments to the Joint Council By-laws were mailed and emailed to the membership prior to today's meeting:

- Legislative Committee – change in description
- Planning committee/Annual Report – blended description
- The Cultural and Linguistic Competence Advisory Committee – added description
- Membership Committee – added description

The members who were present voted to accept the changes in the By-laws.

PRESENTATION: UPDATE ON MHA'S OUTCOMES MEASUREMENT SYSTEM – Sharon Ohlhaver, MHA Office of Quality Management, Community Programs and Tim Santoni, University of Maryland Systems Evaluation Center (Ms. Ohlhaver, Mr. Santoni, and other members of the SEC previously gave a presentation to the Council on this system in December of 2009).

The Outcomes Measurement System (OMS) was developed to collect information on individuals, ages 6-64, who are receiving outpatient mental health treatment services from outpatient mental health centers, Federally Qualified Health Centers (FQHCs), and hospital-based mental health centers. The OMS interview questionnaire, which is completed at the beginning of treatment and approximately every 6 months during the course of treatment, covers several life domains, including living situation, employment, school attendance, substance use, legal system involvement, symptoms, functioning, and general health.

Although the system was initiated in 2006, it was updated and refined with a few significant changes as ValueOptions©Maryland became the new ASO for the Mental Hygiene Administration in September 2009. For example, questions regarding recovery, resiliency, smoking, and perception of general health were some of the items that were added during the ASO transition.

Initially, the OMS Datamart only presented aggregate data for point-in-time (PIT) information (i.e., "snapshot" information), such as the number and percentage of individuals who responded "yes" or "no" to the question "Have you been homeless in the last 6 months?". Now the OMS Datamart, is capable of presenting aggregate change-over-time (COT) data (e.g., the number and percentage of individuals who reported gaining housing, losing housing, not being homeless at either OMS interview, or being homeless at both OMS interviews) for individuals who have at least two OMS interviews during the same treatment episode. There are many features to the OMS Datamart, such as the ability to filter information by age, gender, and race.

During the presentation, it was suggested that MHA consider adding a question regarding probation or juvenile justice status since clients with these issues may be overlooked.

MHA believes that the datamart is among the cutting edge for the nation. It is suggested that everyone visit the site through MHA's Web site, www.dhmfh.maryland.gov/mha and click on the Outcome Measurement System (OMS); this will take you directly to the OMS Datamart Welcome Page, which will guide you through the process.

The meeting was adjourned.

Please note, the Agenda for the May 15th Council meeting will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site www.dhmfh.maryland.gov/mha.